UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 1/15/00 2 Serial/Patent # 09/507.160				
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	6	1/9/02	\$ 40000
	Notice of Appeal/Appeal		. ,	\$,
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other .			\$
		7 TOTAL AMOUNT S400 99		\$400
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment		Credit Dep	osit A/C #:
	Duplicate Payment	9	230	035
X	No Fee Due (Explanation):			·
outsill the response statuting plical				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Who LAY mon TITLE: paralyal				
SIGNATURE: Wer Sum PHONE:				
OFFICE:				

APPROVED: alicia Kelly DATE: 1-14-02				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B